

User Application Form

Washington Access to Criminal History (WATCH)



Criminal Records Division

Mail to: WATCH
Identification and Criminal History Section
Post Office Box 42633
Olympia WA 98504-2633

Phone No. (360) 705-5100
Fax No. (360) 570-5275

Each user within a registered WATCH organization must complete the following application. The WSP will mail your assigned account number and personal identification number (PIN) within **7-14** working days.

Please Print.

USER INFORMATION

User Name: _____
First Middle Initial Last

Address: _____
Street Apt./Suite

_____ City State ZIP

Phone No.: () E-Mail Address _____

_____ User Signature _____ Date _____

_____ User Printed Name _____ Title _____

REGISTERED ORGANIZATION

Organization: _____ Account No.: _____
(Please provide the account number if adding a user to an existing account)

Contact Name: _____

Phone No.: () Fax No.: ()

CERTIFICATION

I certify that the information I have provided on this form is true and complete. I understand that I will be billed \$10 (ten dollars) per background check initiated through WATCH, regardless of the results of that check, and that the invoice for this service is payable upon receipt. I also understand that this background check fee will be waived for non-profit organizations registered in Washington State, pursuant to the Child/Adult Abuse Information Act (RCW 43.43.830 through 43.43.845).

User Signature _____ Date _____